

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G238		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/21/2014	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1803 RILEY RD NEW CASTLE, IN 47362			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: February 18, 19, 20, and 21, 2014.</p> <p>Facility number: 000761 Provider number: 15G238 AIM number: 100234630</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/3/14 by Ruth Shackelford, QIDP.</p>		W000000				
W000148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview for 6 of 8 reportable incidents reviewed, the facility failed to notify legally</p>		W000148	<p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition</p>		03/21/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>authorized representatives of incidents of use of restraint for 1 of 4 sampled clients (client #4) and incidents of physical aggression for 1 of 4 sampled clients (client #1) and 1 additional client (client #7).</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 2/18/14 at 4:45 PM. The review indicated the following BDDS reports:</p> <p>-A BDDS report dated 6/4/13 indicated client #1 was taken for treatment of a bite by an unidentified peer at workshop. The section to indicate a guardian was contacted was marked N/A (non-applicable).</p> <p>-A BDDS report dated 7/23/13 indicated client #7 was pinched by unidentified client #9 leaving a red mark. The section to indicate a guardian was contacted was marked N/A (non-applicable)</p> <p>-A BDDS report dated 7/26/13 indicated client #4 was hit by a peer leaving a red mark. The section to indicate a guardian was contacted was marked N/A (non-applicable)</p> <p>-A BDDS report dated 9/4/13 indicated client #4 left the bowling alley during a Special Olympic event, became upset and</p>		<p>including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> The program director will be trained on notifying guardians, parents, and/or health care representatives of any significant incidents or changes in the client's condition on 3/21/14. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the same deficient practice The program director will be trained on notifying guardians, parents, and/or health care representatives of any significant incidents or changes in the client's condition on 3/21/14. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> The program director will be trained on notifying guardians, parents, and/or health care representatives of any significant incidents or changes in the client's condition on 3/21/14 <p>4. How will the corrective action be monitored to ensure the</p>				

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W000154	<p>stripped. A bystander called police and client #4 became physically aggressive. Staff restrained client #4 to prevent police from handcuffing him. The section to indicate a guardian was contacted was marked N/A (non-applicable).</p> <p>Client #1's record was reviewed on 2/21/14 at 11:05 AM. The record indicated client #1 had a guardian.</p> <p>Client #4's record was reviewed on 2/21/14 at 10:40 AM. The record indicated client #4 had a health care representative.</p> <p>The Area Director was interviewed on 2/21/14 at 11:25 AM. He indicated there was no documented evidence client #1's guardian or client #4's health care representative were notified of the incidents.</p> <p>9-3-2(a)</p>			<p>deficient practice will not recur?</p> <p>· The area director will monitor the BDDS reports submitted by the program director.</p> <p>5. What is the date by which the systemic changes will be completed? March 23rd, 2014</p>			
	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #4), the facility failed to complete a thorough investigation into 1 of 4 incidents reviewed of physically</p>		W000154	<p>The facility must have evidence that all alleged violations are thoroughly investigated</p> <p>1. What corrective action will be accomplished?</p> <p>· The program director will</p>		03/23/2014	

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	<p>aggressive behavior.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 2/19/14 at 4:45 PM and included the following:</p> <p>A BDDS report dated 9/4/13 indicated client #4 "became agitated", and began to hit the wall while at a Special Olympic event. Client #4 was asked if he wanted to go outside to calm down and when he was outside removed his clothes. A staff person encouraged him to put his clothes back on. A bystander called the police and when the police arrived client #4 began to become "agitated" and began to disrobe again. Police asked client #4 to stop disrobing, and he became physically aggressive to staff. Officers "grabbed" client #4 and client #4 attempted to hit staff. The officer informed staff if client #4 didn't "calm down" he would be arrested for battery. Staff placed client #4 into a physical hold for 3 minutes until officers asked staff to release him. Client #4 was then placed in handcuffs and police placed him in the police car for transport home. No charges were filed and client #4 was not injured in the incident. Corrective action indicated staff were following client #4's BSP (Behavior Support Plan) during the incident. "His plan does not include the use of restraint and per Occazio policy staff who utilized the restraint was suspended pending an</p>		<p>be re-trained on completing an investigation on 3/21/14.</p> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the same deficient practice The program director will be re-trained on completing a thorough investigation on 3/21/14. <p>3. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> The program director will be re-trained on completing a thorough investigation <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> The program director will review random investigations to ensure thoroughness <p>5. What is the date by which the systemic changes will be completed?</p> <ul style="list-style-type: none"> March 23rd, 2014 				

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W000159	<p>investigation."</p> <p>An attached investigation into the incident dated 9/4/13 indicated staff was reinstated. The investigation did not include a statement from client #4.</p> <p>The Area Director was interviewed on 2/20/14 at 11:55 AM and indicated the investigation should have included a statement from client #4.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) the QIDP (Qualified Intellectual Disabilities Professional) failed to ensure objectives included in Individual Support Plans were revised when criteria was met, and failed to review and include vocational assessments in the client record for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p>		W000159	<p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> The program director will be trained on revising goals where the criteria for completion has been met. The program director will be trained on gaining the vocational assessments or progress from workshop 		03/23/2014	

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	<p>Findings include:</p> <p>1. Client #1's record was reviewed on 2/21/14 at 11:05 AM. An ISP (Individual Support Plan) dated 10/24/13 included objectives to brush his teeth, walk on the treadmill, save money for purchases, and to obtain his medication and water during medication administration. Client #1's record indicated he had met the criteria established at 100% accuracy. There was no evidence in the record of a revision of client #1's objectives when he met criteria.</p> <p>Client #2's record was reviewed on 2/21/14 at 11:45 AM. Client #2's ISP dated 12/13/13 included objectives to state guidelines for taking blood pressure medication, identify bills, use a napkin, make a sugar free dessert, identify signs and symptoms of low blood pressure, and throw away his disposable spoon when cleaning his lunchbox. Client #2's record indicated he had met the criteria established at 100% accuracy. There was no evidence in the record of a revision of client #2's objectives when he met criteria.</p> <p>Client #3's record was reviewed on 2/21/14 at 10:25 AM. Client #3's ISP dated 8/29/13 indicated objectives to</p>				<ul style="list-style-type: none"> · A communication board will be provided for client #7. · Client #3's ISP will be updated with an objective to address his needs in tooth brushing. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice · The program director will be trained on revising goals where the criteria for completion has been met. · The program director will be trained on gaining the vocational assessments or progress at workshop <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · The program director will be trained on revising goals where the criteria for completion has been met. · The program director will be trained on gaining the vocational assessments or progress at workshop <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The area director will 		

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	<p>exercise on the treadmill for 30 minutes, display correct sign when asked, obtain medication and a glass of water for medication administration, identify and count bills, and brush his teeth. The record indicated he had met the criteria established at 100% accuracy. There was no evidence of a revision of client #3's objectives when he met criteria.</p> <p>Client #4's record was reviewed on 2/21/14 at 10:40 AM. An Individual Support Plan dated 8/9/13 indicated objectives to independently talk to a person on the phone, save for purchases, gather items to take medications, make dessert. The record indicated he had met the criteria established at 100% accuracy. There was no evidence of a revision of client #4's objectives when he met criteria.</p> <p>The Area Director and Program Director were interviewed on 2/21/14 at 11:25 AM and indicated the clients objectives should have been revised when met.</p> <p>2. Client #1's record at the workshop was reviewed on 2/19/14 at 10:55 AM. A vocational assessment dated 10/24/13 indicated client #1 was independent in vocational skills with the exception of obtains more work as needed, adapts to changes in job routine in which he</p>				<p>review goal documentation on at least a quarterly basis</p> <ul style="list-style-type: none"> The area director will review annual ISPs for vocational assessments <p>5. What is the date by which the systemic changes will be completed?</p> <ul style="list-style-type: none"> March 23rd 2014 		

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	<p>needed verbal prompts, and checks and corrects own work in which he needed total assistance. An Annual Program Report dated 10/24/13 indicated client #1 had a goal to maintain production rate of 35%.</p> <p>Client #1's record at the facility was reviewed on 2/21/14 at 11:05 AM. There was no evidence client #1's QIDP (Qualified Intellectual Disabilities Professional) had reviewed client #1's vocational assessment or progress at workshop in the record. There was no evidence of the vocational assessment in client #1's facility record.</p> <p>Client #2's record at the workshop was reviewed on 2/19/14 at 10:56 AM. A vocational assessment dated 9/12/13 indicated client #2 was independent in following a schedule, obtains work, follows work rules, follows instructions, asks for assistance when needed, works cooperatively with co-workers, appropriate social interaction with visitors, and adequate stamina to meet work demands. He required verbal prompts to adapt to changes in job routine, makes transitions smoothly from task to task, and checks and corrects own work. An Annual Program Report dated 9/12/13 indicated client #2 had an objective to maintain a</p>						

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	<p>production rate of 5%.</p> <p>Client #2's record at the facility was reviewed on 2/21/14 at 11:45 AM. There was no evidence client #2's QIDP had reviewed client #2's vocational assessment or progress at workshop in the record. There was no evidence of the vocational assessment in client #2's facility record.</p> <p>Client #3's record at the workshop was reviewed on 2/19/14 at 10:57 AM. A vocational assessment dated 7/12/13 indicated client #3's vocational skills were not assessed. An Annual Program Report dated 7/12/13 indicated client #3 had been terminated from work services on 1/13/13 and had objectives to exercise for 5 minutes and verbally communicate with staff with no more than 2 verbal prompts.</p> <p>Client #3's record at the facility was reviewed on 2/21/14 at 10:25 AM. There was no evidence client #3's QIDP had reviewed client #3's vocational assessment or progress at workshop in the record. There was no evidence of the vocational assessment in client #3's facility record.</p> <p>Client #4's record at the workshop was reviewed on 2/19/14 at 11:58 AM. A</p>						

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	<p>vocational assessment dated 4/23/13 indicated client #4 was independent in adapts to changes in job routine, follows work rules/procedures, follows instructions, asks for assistance when needed, and required verbal prompts to follow workshop schedule, obtain more work, makes transitions smoothly from task to task, works cooperatively with co-workers, adequate stamina to meet work demands, ability to stay on tasks, and ability to thoroughly complete work. An Annual Program Report dated 4/19/13 indicated an objective to maintain a production rate of 4.5%.</p> <p>Client #4's record at the facility was reviewed on 2/21/14 at 10:25 AM. There was no evidence client #4's QIDP had reviewed client #4's vocational assessment or progress at workshop in the record. There was no evidence of the vocational assessment in client #4's facility record.</p> <p>The Area Director was interviewed on 2/21/14 at 11:25 AM and indicated there was no evidence the QIDP had reviewed clients #1, #2, #3, and #4's vocational assessments or progress at workshop. He indicated the assessments should be in the clients' facility records.</p> <p>9-3-3(a)</p>						

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W000255	<p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on record review and interview, the facility failed to revise objectives when achieved for 4 of 4 sampled clients (clients #1, #2, #3 and #4).</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 2/21/14 at 11:05 AM. An ISP (Individual Support Plan) dated 10/24/13 included objectives to brush his teeth, walk on the treadmill, save money for purchases, and to obtain his medication and water during medication administration. Client #1's record indicated he had met the criteria established at 100% accuracy. There was no evidence in the record of a revision of client #1's objectives when he met criteria.</p>		W000255	<p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary. Including but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>1. What corrective action will be accomplished? · The program director will be re-trained on program monitoring and change on 3/21/14. · The goals will be reviewed/revised on a monthly basis.</p> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>		03/23/2014	

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	<p>2. Client #2's record was reviewed on 2/21/14 at 11:45 AM. Client #2's ISP dated 12/13/13 included objectives to state guidelines for taking blood pressure medication, identify bills, use a napkin, make a sugar free dessert, identify signs and symptoms of low blood pressure, and throw away his disposable spoon when cleaning his lunchbox. Client #2's record indicated he had met the criteria established at 100% accuracy. There was no evidence in the record of a revision of client #2's objectives when he met criteria.</p> <p>3. Client #3's record was reviewed on 2/21/14 at 10:25 AM. Client #3's ISP dated 8/29/13 indicated objectives to exercise on the treadmill for 30 minutes, display correct sign when asked, obtain medication and a glass of water for medication administration, identify and count bills, and brush his teeth. The record indicated he had met the criteria established at 100% accuracy. There was no evidence of a revision of client #3's objectives when he met criteria.</p> <p>4. Client #4's record was reviewed on 2/21/14 at 10:40 AM. An Individual Support Plan dated 8/9/13 indicated objectives to independently talk to a person on the phone, save for purchases,</p>		<ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice · The program director will be re-trained on program monitoring and change on 3/21/14. · The goals will be reviewed/revised on a monthly basis. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · The program director will be re-trained on program monitoring and change · The goals will be reviewed/revised on a monthly basis · The area director will review the goals at least quarterly to monitor for appropriate review/revision <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The program director will review/revise the goals monthly · The area director will review the goals at least quarterly to monitor for appropriate review/revision <p>5. What is the date by which the systemic changes will be completed?</p> <ul style="list-style-type: none"> · March 23rd, 2014 				

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1803 RILEY RD NEW CASTLE, IN 47362			
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W000312	gather items to take medications, make dessert. The record indicated he had met the criteria established at 100% accuracy. There was no evidence of a revision of client #4's objectives when he met criteria. The Area Director and Program Director were interviewed on 2/21/14 at 11:25 AM and indicated the clients' objectives should have been revised when met. 9-3-4(a)						
	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to include specific criteria as part of a plan of reduction for each class of medication used for the management or elimination of behaviors and/or symptoms of diagnoses as indicated in 2 of 4 sampled clients (clients #1 and #4) who were prescribed medications for management of their behaviors.		W000312	Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. 1. What corrective action will be accomplished? The program director will		03/23/2014	

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	<p>Findings include:</p> <p>1. Client #1's record was reviewed on 2/21/14 at 11:05 AM. A BSP (Behavior Support Plan) dated 10/24/13 indicated target behaviors of physical aggression, suicidal statements, compulsions, depressive symptoms, delusions, attempt to harm self, verbal threat/physical gesture to harm another, anxiety. The plan included the use of Geodon (anti-psychotic) and Paroxetine (antidepressant). There was no evidence of which medication was targeted for which behavior, or a hierarchy of which medications were to be reduced. The plan did not indicate what specific criteria needed to be achieved to the medications to be considered for possible reductions.</p> <p>2. Client #4's record was reviewed on 2/21/14 at 10:40 AM. A BSP dated 4/23/13 indicated target behaviors of non-compliance, SIB (self injurious behavior), property misuse/destruction, blow ups agitation, and physical aggression. The plan included the use of Zyprexa (anti-psychotic) and Depakote (mood stabilizer). There was no evidence in the record of a plan for which medication was targeted to be reduced or specific criteria needed to be achieved to the medications to be considered for possible reductions.</p> <p>The Area Director and Program Director were interviewed on 2/21/14 at 11:25 AM and indicated the plans did not include specific criteria for medication reduction of</p>				<p>be trained on including specific criteria for a medication reduction in the BSP as well as the need for the BSP to clearly state which medication(s) is targeted for which behavior on 3/21/14.</p> <ul style="list-style-type: none"> Revisions to client's #1, #2, #3, and #4 BSP will be completed to include specific criteria for a medication reduction as well as clearly stating which medication(s) is targeted for which behavior <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the same deficient practice The program director will be trained on including specific criteria for a medication reduction in the BSP as well as clearly stating which medication(s) is targeted for which behavior on 3/21/14. Revisions to all client's BSP will be completed to include specific criteria for a medication reduction as well as clearly stating which medication(s) is targeted for which behavior Area director will monitor annual ISP to ensure the BSP has specific criteria for a medication reduction and all medications clearly state which medication(s) is targeted for which behavior. 		

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W000440	<p>client #1 and #4's behavior, and the plans were going to be revised to include a measurable medication reduction plan.</p> <p>9-3-5(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2 #3 and #4), and 4 additional clients (clients #5, #6, #7 and #8), to ensure an evacuation drill was conducted quarterly for the evening shift of personnel (4:00 PM to 12:00 AM).</p> <p>Findings include:</p>		W000440	<p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> The program director will be retrained on involving the client's guardian/healthcare representative in the development of the client's BSP on 3/21/14. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> The program director will monitor the yearly ISP paperwork to ensure that the guardian/healthcare representative was involved in the yearly implementation of the BSP <p>5. What is the date by which the systemic changes will be completed?</p> <ul style="list-style-type: none"> March 23rd, 2014 <p>The facility must hold evacuation drills at least quarterly for each shift personnel</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> The home manager will be re-trained on ensuring a fire drill on all shifts on 3/21/14. Fire drills will be completed on all shifts as required. 		03/23/2014	

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	<p>The facility's evacuation drills were reviewed on 2/19/14 at 5:43 PM. The review indicated the facility had failed to conduct evacuation drills for clients #1, #2, #3, #4, #5, #6, #7 and #8 for 4:00 PM to 12:00 AM from 1/6/13 to 5/3/13.</p> <p>The Home Manager (HM) was interviewed on 2/19/14 at 1:15 AM. The HM indicated there were no drills during the 4:00 PM to 12:00 AM shift from 1/6/13 to 5/3/13.</p> <p>9-3-7(a)</p>		<p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the same deficient practice The home manager will be re-trained on ensuring a fire drill is ran on all shifts The program director will monitor the drills monthly to ensure they are being ran on all shifts <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the same deficient practice The home manager will be re-trained on ensuring a fire drill is ran on all shifts The program director will monitor the drills monthly to ensure they are being ran on all shifts <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> The program director will monitor the drills monthly The area director will monitor the drills at least quarterly <p>5. What is the date by which the systemic changes will be</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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